HOWARD COUNTY INFORMATION SHEET CORPORATION

FORM A

1.	CORPORATE NAME:		
2.	CORPORATE ADDRESS:		
3.	PRINCIPAL BUSINESS OFFICE ADDRESS:		
	TELEPHONE: (WORK)		
	FAX:	EMAIL:	, ,,
4.	NAME AND ADDRESS OF RESIDENT AGENT:		
5.	DATE OF INCORPORATION:		TION:
6.	IF INCORPORATED IN ANOTHER STATE, IS CORPORATION REGISTERED AND QUALIFIED TO DO BUSINESS IN THE STATE OF MARYLAND? YESNO		
7.	IS CORPORATION IN GOOD STANDING WITH THE STATE OF MARYLAND? YES NO		
8.	IS THIS A CLOSE CORPORATION? YES NO		
9,	MD STATE ASSESSMENT REGISTRATION NO.;		
10.	TAXPAYER IDENTIFICATION NUMBER:		
ATTE corpo execu	documents must be executed by the STED, not witnessed, by the Corporationation in which the signature may be vites, the documents must be accompaniently of individual to bind corporation.	e Secretary or Assistant Secretary vitnessed. If someone other than ed by a copy of Corporate By-Laws o	except in the case of a close the President or Vice President r Corporate Resolution indicating
	NAMES AND ADDRESSES OF ALL CURRENT OFFICERS (ATTACH ADDITIONAL PAGES, IF NECESSARY):		
	NAME:		
	ADDRESS:		
	NAME:	TITLE:	
	ADDRESS:		
	NAME:	TITLE:	
	ADDRESS:		
12.	NAMES AND ADDRESSES OF ALL CURRENT DIRECTORS (ATTACH ADDITIONAL PAGES, IF NECESSARY):		
	NAME:	TITLE:	
	ADDRESS:		
	NAME:	TITLE:	
	ADDRESS:		
l do s and d	solemnly declare and affirm under the correct to the best of my knowledge.		
		(Authorized Signature)	(Date)
		(Type or Print Name)	(Title)